

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52761

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2		2		
4		(1)		2		
5		(1)		2		
6	1		1			
7		1		1		
8		2		2		
9		(1)		2		
10		(5)		2		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18	1		1			
19		1		1		
20		1		1		
21		2		2		
22		(1)		1		
23		(1)		1		
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TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	26	←	29	←		←
TOTAL CLAIMS	29		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						